



Residential Tenants Monthly Income Verification

Project Title:	Parcel No.:
Displaced Person(s):	Displacee No.:

1. Displaced Person – Head of Household				2. Displaced Person - Spouse			
Employer:				Employer:			
Employer's Address:		Telephone:		Employer's Address:		Telephone:	
City:	State:	Zip Code:		City:	State:	Zip Code:	
Head of Household's SSN:		Occupation:		Spouse's SSN:		Occupation:	

3. Income – Documentation Required								
Displacee Name	Relationship	Income per Month						
		Gross Wagers or Salary, before Taxes	Retirement		Benefits Payments			
			Social Security	Pensions, Other	Disability	Unemployment	Public Assistance	
NOTE: Exclude income of minors (children under 18 years of age or full-time students that live at home)								
Income Total								

4. Other Income – Documentation Required	Name	Name	
Net Income from Business			
Gross Overtime Pay, Commissions, Tips and Bonuses			
Alimony and Child Support			
Worker's Compensation			
Military Pay (Include Regular, Reserve, Special Pay and/or Allowances)			
Veteran's Payments or Benefits			
Interest and Dividend Income			
Miscellaneous other Sources			
Other Income Total			

5. Total Monthly Gross Income: \$

Remarks

I, (We) certify under the penalties of perjury, that my/our average monthly gross income, including salaries, wages, tips, commission, rents, royalties, dividends, interest, profits, pensions and annuities, irrespective of expenses and voluntary or involuntary deductions, is correctly stated above. I (We) understand that this information may be used in connection with a Federal-Aid highway project. I (We) understand that inquiries will be made by WSDOT to verify the statements herein and that I will provide additional supporting documentation.

Relocation Specialist:	Date:	Applicant Signature:	Date:
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